

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/646013 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
12	1					
13		1				
14		3				
15		3				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
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25		1				
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29	1					
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31		1				
32		1				
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35	1					
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37	1					
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46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	38					
TOTAL CLAIMS	45					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS